

DEPARTMENT OF TRANSPORTATION
SIMPLIFIED ACQUISITION SUMMARY
(See Continuation on Reverse)

Requisition No.

Purchase Order No.

Note: Enter an "x" in the box to the left of all applicable items.

1. Sources Considered:

SUPPLIES

- | | |
|--|--|
| 1. <input type="checkbox"/> DOT Inventories | 5. <input type="checkbox"/> Wholesale Supply Sources |
| 2. <input type="checkbox"/> Excess from other Agencies | 6. <input type="checkbox"/> Mandatory Federal Supply Schedule |
| 3. <input type="checkbox"/> Federal Prison Industries | 7. <input type="checkbox"/> Optional Use Federal Supply Schedule |
| 4. <input type="checkbox"/> Blind/Severely Handicapped | 8. <input type="checkbox"/> Commercial |

SERVICES

- | |
|---|
| 1. <input type="checkbox"/> Blind/Severely Handicapped |
| 2. <input type="checkbox"/> Mandatory Federal Supply Schedule |
| 3. <input type="checkbox"/> Optional Use Federal Supply Schedule |
| 4. <input type="checkbox"/> Federal Prison Industries or Commercial |

2. Basis for Award:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Sole/proprietary source (Complete Blocks #3, #5, & #6 below) and reverse side |
| <input type="checkbox"/> | Not over \$2,500 (Complete Blocks #3 and #6 below) |
| <input type="checkbox"/> | Low quote/offer/GSA, FSS price (Complete Blocks #4 and #6 below) |
| <input type="checkbox"/> | Mandatory GSA/FSS or other agency contract (Complete Block #7 below) |

3. Basis for determining price reasonableness:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Comparison with published price lists, catalogs, or advertisements |
| <input type="checkbox"/> | Specify source(s): _____ |
| <input type="checkbox"/> | Comparison of quote(s) with prices paid previously for same or similar items |
| <input type="checkbox"/> | List previous purchase order number(s): _____ |
| <input type="checkbox"/> | Lowest of 3 or more oral or written quotes, including previous supplier, if practicable. (Complete Block #4 below) |
| <input type="checkbox"/> | Personal knowledge of item procured. (Complete Block #7 below) |
| <input type="checkbox"/> | Unpriced order; explain reason and specify monetary limit (FAR 13.302(b)); include clause FAR 52.213-3 with order. |
| <input type="checkbox"/> | Other (Specify): _____ |

4. Competitive Procurement

(Complete reverse side of form for oral quotations. Optional use permitted for written quotations, if all required information is contained in the quotation.)

5. Noncompetitive Procurement

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Utility services available from only one source/educational services from nonprofit institution |
| <input type="checkbox"/> | Only known source of supply (Document in Block #7 below) |
| <input type="checkbox"/> | Other (If greater than \$2,500, state reasons for noncompetitive action in Block #7) |

6. Small Business:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Provide rationale for awarding to other than a small business in Block #7 below (FAR 19.502-2) |
|--------------------------|--|

7. Remarks for Blocks No. _____, _____, _____, _____.

(Signature)

Prepared by (Specialist/Buyer):

Date:

(Signature)

Approved by (Contracting Officer):

Date: